FOREIGN BUSINESS CORPORATION

	STATE OF MAINE		
AUT	APPLICATION FOR THORITY TO DO BUSINESS		
	(Check box only if applicable.)	Deputy Secretary of State	
This is a professional corporation pursuant to 13 MRSA Chapter 22-A.**		A True Copy When Attested By Signature	
(Name o	of Corporation in Jurisdiction of Incorporation)	Deputy Secretary of State	
Pursuant to 13 Business:	3-C MRSA §1503, the undersigned corporation exec	utes and delivers the following Application for Authority to do	
FIRST:	The name under which it proposes to apply for authority to do business in the State of Maine is		
SECOND:	(For professional corporations only)		
	All of the professional corporation's shareholders, not less than a majority of its directors and all of its officers other than its clerk, secretary and treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.		
THIRD:	If the real corporate name is not available, the fictitious name under which it proposes to apply for authority to debusiness in the State of Maine: (If not applicable, so indicate.)		
	Form MBCA-5 accompanies this application.		
	A fictitious name is a name adopted by a foreign its real name is unavailable pursuant to §401.	corporation authorized to transact business in this State because	
FOURTH:	Its jurisdiction of incorporation is	(state or country) and the date o	
	incorporation is		
FIFTH:	Address of the principal office, wherever located, is:		
	(stree	et, city, state and zip code)	
	(mailing ad	dress if different from above)	

Filing Fee \$250.00

SIXTH:	The name of its Registered Agent, an individual resident in Maine, a domestic business or nonprofit corporation, a foreign business or nonprofit corporation authorized to do business or carry on activities in Maine, and the registered office (which is identical to the business office) in Maine shall be:						
	(physical location, not P.O. Box – street, city, state and zip code) (mailing address if different from above)						
				SEVENTH:	The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary.)		
						Street	
	(type or print name and capacity)	Street (street or mailing address)					
		(city, state and zip code)					
		Street					
	(type or print name and capacity)	Street (street or mailing address)					
		(city, state and zip code)					
		Street					
	(type or print name and capacity)	(street or mailing address)					
		(city, state and zip code)					
		Street					
	(type or print name and capacity)	(street or mailing address)					
		(city, state and zip code)					
EIGHTH:	Secretary of State or other official	a certificate of existence or a document of similar import duly authenticated by the having custody of corporate records in the state or country under whose law the The certificate of existence must have been made not more than 90 days prior to ing.					
DATED		*Dv					
DATED		*By (signature of any duly authorized officer)					
		(type or print name and canacity)					

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named foreign business corporation. REGISTERED AGENT DATED _____ (signature) (type or print name) For Registered Agent which is a Corporation Name of Corporation (authorized signature) (type or print name and capacity)

Note: If the registered agent does not sign, Form MBCA-18. (§1503.3) must accompany this document.

Please remit your payment made payable to the Maine Secretary of State.

^{**}The professional corporation name as used in the State of Maine must contain one of the following: "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.".

^{*}This document MUST be signed by any duly authorized officer. (§121.5)